

Best Available Copy

MULTIPLE INDEPENDENT CLAIMS THE CALCULATION SHEET (OR USE WITH FORM PTC-375)						SERIAL NO.	FILING DATE	
						APPLICANT		
						CLAIMS		
ASPIRED		APPLIED		PAYER		CLAIMS		
IND.	DET.	IND.	DET.	IND.	DET.	IND.	DET.	
1						53		
2						52		
3						53		
4						54		
5						55		
6						56		
7						57		
8						58		
9						59		
10						60		
11						61		
12						62		
13						63		
14						64		
15						65		
16						66		
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32						82		
33						83		
34						84		
35						85		
36						86		
37						87		
38						88		
39						89		
40						90		
41						91		
42						92		
43						93		
44						94		
45						95		
46						96		
47						97		
48						98		
49						99		
50						100		
TOTAL						TOTAL IND.	TOTAL DET.	
TOTAL CLAIMS						TOTAL CLAIMS	TOTAL CLAIMS	